

**DOCUMENT # 702910**

1. Entity Name

**ALPHA DELTA HOUSE CORPORATION OF DELTA, DELTA, D**

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90054 046 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1631 TIMBER EDGE DR.  
 DELAND FL 32724

1631 TIMBER EDGE DR.  
 DELAND FL 32724-7984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1004466**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required-



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNOLD, ANN CONN J.**  
 1631 TIMBER EDGE DR.  
 DELAND FL 32724

*← please use whole name*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **P BEASLEY, ELICIA**  
 STREET ADDRESS **311 WASHINGTON OAKS DR.**  
 CITY-ST-ZIP **DELAND FL 32720**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D DUMAS, MILDRED**  
 STREET ADDRESS **420 E. UNIVERSITY**  
 CITY-ST-ZIP **DELAND FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D GAMPERO, CAMILLE**  
 STREET ADDRESS **700 NW 48TH AVENUE**  
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **V WALTERS, BARBARA A.**  
 STREET ADDRESS **2155 OVERLOOK DRIVE**  
 CITY-ST-ZIP **DELAND FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T ARNOLD, ANN C**  
 STREET ADDRESS **1631 TIMBER EDGE DR.**  
 CITY-ST-ZIP **DELAND FL 32724**

TITLE  Change  Addition  
 NAME *the name is: Ann Conn J. Arnold to be correct*  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S JOHNSON, JULIE**  
 STREET ADDRESS **706 WEST LAKE DRIVE**  
 CITY-ST-ZIP **NAPLES FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

*March 31, 2000*

*(904)*

*822-4378*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)